PacifiCare®
A UnitedHealthcare Company

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[DATE]

[HOSPITAL NAME]
[POINT OF CONTACT]
[ADDRESS]
[CITY], [ST] [ZIP]

Dear [POINT OF CONTACT]

Welcome to UnitedHealthcare's nationwide network of participating physicians, health care professionals, hospitals, facilities, and ancillary providers.

Enclosed you will find your file copy of your fully executed network participation agreement. Please note that the effective date of your network participation is documented on page [NUMBER]. Your network participation agreement will allow you to render covered services on an in-network basis to our UnitedHealthcare members and members of PacifiCare's fee for service products as of that effective date.

For Services to PacifiCare Members
Our PacifiCare provider portal at www.pacificare.com offers a broad range of on-line self service tools such as the following:

- Eligibility and benefit information
- EDI and clearinghouse information
- Formulary look-up
- Provider Manuals
- HIPAA policies and procedures
- Provider network directories
- Claims status inquiry

You can register to use www.pacificare.com by going to that site and selecting Provider. Then, click on Register. Next, click on Register with PacifiCare ID or Register with Tax ID. Complete the fields on the on-screen registration form, and click on Submit. You will receive your temporary password in 5-7 business days.

Our Provider Manual can be found at the following location after logging on to www.pacificare.com:

- Select ***Library***.
- Select ***Provider Policy & Procedures Manual***.
- View the manual that is applicable to your practice.

For Services to UnitedHealthcare Members (including our affiliates other than PacifiCare)
As a UnitedHealthcare network participant, you and your business office staff will have access to a wide variety of self-service tools through www.UnitedHealthcareOnline.com. This website will provide you with on-line access to many important resources as you treat our UnitedHealthcare members, including the following:

- Real-time enrollee eligibility and benefits information
- Fee schedule look-up

- Reimbursement policies, protocols, and administrative guide
- Electronic claims submission and electronic funds transfer for faster claims processing and payment
- Notification for certain procedures and services from our Standard Notification Requirements list
- Physician and health care professional directory.

Registration for www.UnitedHealthcareOnline.com is easy. Please call 1-866-UHC-FAST (842-3278) to obtain a USER ID and password. An additional resource for checking benefits, eligibility, claims status or make demographic or tax ID changes, is our health care professional self-service number at 1-877-842-3210.

Our UnitedHealthcare Administrative Guide can be found at the following location after logging on to www.unitedhealthcareonline.com:

- Select ***eContracting***.
- Select ***Administrative Guide***.

Claims Submission and Reimbursement

UnitedHealthcare and its affiliates strongly encourage you to submit claims electronically. Electronic claims submission helps reduce your office staff's administrative burden and ensures correct and timely processing. You may submit claims on-line for services provided to *UnitedHealthcare* members at www.unitedhealthcareonline.com using Payer ID 87726. You may submit claims on-line for services rendered to *PacifiCare* members through your clearinghouse vendor. The PacifiCare Payer ID is 95999 for legacy PHS PPO products. If you cannot submit claims electronically, please refer to the back of the member's medical ID card for the address for paper claims submission.

Additionally, we offer Electronic Payment and Statements (EPS) for claims payment via electronic funds transfer which reduces your staff's time administering EOBs, paper checks, and bank deposit time. . To enroll in EPS, simply email your contact information to **EPSenrollment@uhc.com** or call 1-866-UHC-FAST (842-3278) and select Electronic Payments and Statements to learn more.

Please note that we have enclosed three (3) Quick Reference Guides to help you and your office staff resolve any questions that may arise as we work together. We thank you for your service to our members as we provide them access to high quality, affordable health care and a simplified experience.

Sincerely,

[SIGNATURE BLOCK]

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Quick Reference – Working with the Long Beach provider Service Center

The Long Beach Provider Service Center will help to resolve claim issues that have not been resolved to your satisfaction after utilizing standard avenues of resolution.

If the member's ID Card looks like the sample below and the Date of Service falls before 6/23/06, please use this guide to assist in resolving your claims issues.

SAMPLE Membership Identification Card

PAC0867830

Quick Reference – Working with the Long Beach Provider Service Center

UnitedHealthcare
UnitedHealth Group Company

The Long Bea ovider Service Center will help to resolve claim issues that have not be olved to your satisfaction after utilizing standard avenues of resolution. **Please use this guide for claims with dates of service prior to 6/23/06.**

Issue	What to do	References	How to Escalate
1. If you believe your claim was not paid correctly: • Be sure to file your dispute per your contract's time requirements • If you have not received payment for submitted claims, first validate the claim is on file. ➢ If no claim on file, resubmit. **Do not** resubmit claims that you validate are already on file, unless you are submitting a corrected claim via the request for reconsideration form. • When submitting adjustment requests, be prepared to provide the same information as required for submitting a clean claim. In addition be prepared to explain what you are disputing, what should have been paid and why. **Or** **2. If you have lost the EOB or believe the EOB is incorrect** (see column "what to do")	Check Claim Status and/or Claim EOB information and file adjustment requests via one of these three processes: 1. ONLINE: **www.unitedhealthcareonline.com** *(avg. tran input 90 sec.)* ***Note:*** *Adjustment Request for Reconsideration link found in the Claim Status Detail page* 2. PHONE: 1-877-842-3210 for self-service information or to talk with a Customer Care Professional *(avg. call 4 min.)*. Please document the date/time of your call, customer care representative name, enrollee ID and Date of Service. 3. PAPER: Send "Request for Reconsideration" form to the claims address on the back of the enrollee's ID card. Please use one form for each claim *(avg mail time several days)*. • Paper is your only option if you need to submit paper documentation such as corrected claims, primary payer EOB, proof of timely filing, or clinical notes • We must scan submissions to review evidence. • For Timely Filing issues, include one of the following: ➢ UnitedHealthcare correspondence indicating we have seen the claim within the filing period. ➢ A computer-generated activity report showing the date the claim was submitted to UnitedHealthcare (EDI submission, transaction report or electronic data batch report). ➢ A denial from another insurance carrier (Explanation of Benefits or letter showing terminated coverage or other denial). ➢ Proof that the enrollee did not supply adequate information to the provider at the time of service or thereafter (e.g., ID card or address to which to mail claims), thus causing a delay in claim submission. The proof should provide some details about the attempts by the physician or other health care professional to obtain the information.	**ONLINE**: UnitedHealthcare Online Training Guide. This guide can be found online at **www.unitedhealthcareonline.com** under the Help & Reference Tools link. **PHONE:** VETSS (Voice Enabled Telephone Self Service) Quick Reference Guide. This guide can be found online at **www.unitedhealthcareonline.com** under the Help & Reference Tools link. **PAPER:** Request for Reconsideration form can be obtained online at **www.unitedhealthcareonline.com** under Help & Forms link or call 1-800-343-2608 for assistance *If you do not have Internet access, you can request these reference guides by calling the 1-800-343-2608*	For claims with a DOS prior to 6-23-06, please follow the instructions below Call the Long Beach Provider Service Center *at 1-800-343-2608* • Please provide Provider Service specific issues - stating what was expected according to your contract. • The Provider Service will provide assistance for all escalated issues, including complex or large volume claim issues. • A Fax confirmation will be sent back to you with our findings of your dispute • Allow 30 business days to receive payment for initial claims. Allow 30 business days to receive response to adjustment requests. **Do not allow claim disputes to accumulate or go unresolved**; your contract provides for a limited time period to request an adjustment. If you are not satisfied with a Provider Service resolution, request to speak with the supervisor.
3. For unpaid claims balances due to the enrollee's benefit plan (benefit limitations, non-covered services, etc)	Bill the enrollee for balances identified as enrollee liability.		
4. If you wish to submit an appeal in writing	Write a letter of appeal or use the "Request for Reconsideration" form indicating an appeal and send to the claims address on the back of the enrollee's ID card.	See above on locating this form.	

This Quick Reference is prepared for your convenience to assist you with resolving claim issues. Please be sure to follow all initial steps prior to attempting escalation. Your relationship with UnitedHealthcare is governed by your contract and the other materials incorporated by your contract, such as our administrative guide. The contract and those other materials govern, in the event of any conflict between them and this Quick Reference.

PAYER SUMMARY DISCLOSURE

As a participant in UnitedHealthcare's network, your services may be accessed through your network participation agreement, at the payment rates established in that agreement. A list of payers that are licensed in California under the Insurance Code as of March 1, 2006 is attached. This list also includes California self-funded payers who are subject to state regulation. This list may change from time to time, and you may request a current list from United at any time on-line or in writing. Other entities may also access your services as permitted under the agreement.

When benefit plans offer United's network of providers, the benefit plans actively encourage members to receive services from participants in United's network by incentives which may include but are not limited to the following:

1) Including a reference to United and/or one of United's Affiliates on the members' medical identification card.

2) Utilizing financial incentives to receive services from providers who participate in United's network of providers, such as offering members a higher level of coverage and/or the potential reduction or elimination of copayment, deductible, or coinsurance for which the member is responsible under the benefit plan.

3) Making available to members covered under these benefit plan types a listing of all providers who participate in United's network of providers on-line, in writing, or through our customer service phone number.

United does not makes its provider network available to payers that do not actively encourage their members to use the network.

List of Payers Licensed in California under the Insurance Code
(Note: Each of the entities listed below is under common ownership with United HealthCare Insurance Company)

Payer	Type of Plan
American Medical Security Life Insurance Company	Group health
Golden Rule Insurance Company	Group health
Investors Guaranty Life Insurance Company	Group health
PacifiCare Life and Health Insurance Company	Group health
PacifiCare Life Assurance Company	Group health
PacifiCare of California	Group health
United HealthCare Insurance Company	Group health

List of California Self-Funded Payers Subject to State Regulation

Payer	Type of Plan
County of Orange	Group health
City and County of San Francisco	Group health
The Salvation Army	Group health
University of California	Group health

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Quick Reference – Working with the Provider Central Service Unit (PCSU)

Welcome to the PCSU! The PCSU will help to resolve claim issues that have not been resolved to your satisfaction after utilizing standard avenues of resolution. If you have an issue, you will no longer call your Network Management contact, but rather escalate the issue through the PCSU to a dedicated group of service specialists who will triage your issue and guide it to resolution. The PCSU representative will track each issue until you agree that it is resolved, even if directed to an outside expert or adjuster for resolution.

If the member's ID Card looks like the sample below and the Date of Service falls on or after 6/23/06, please use this guide to assist in resolving your claims issues.

SAMPLE Membership Identification Card

PAC0867834

Quick Reference – Working with the Provider Central Service Unit (PCSU)

UnitedHealthcare
UnitedHealth Group Company

Welcome to the PCSU! The PCSU will help to resolve claim issues that have not been resolved to your satisfaction after utilizing standard avenues of resolution. If you have an issue you will no longer call your Network Management contact, but rather escalate the issue through the PCSU to a dedicated group of service specialists who will triage your issue and guide it to resolution. **Use this guide for dates of service on or after 6/23/06.**

Issue	What to do	References	How to Escalate
1. If you believe your claim was not paid correctly: • Be sure to file your dispute per your contract's time requirements • If you have not received payment for submitted claims, first validate the claim is on file. ➢ If no claim on file, resubmit. **Do not** resubmit claims that you validate are already on file, unless you are submitting a corrected claim via the request for reconsideration form. • When submitting adjustment requests, be prepared to provide the same information as required for submitting a clean claim. In addition be prepared to explain what you are disputing, what should have been paid and why. **Or** **2. If you have lost the EOB or believe the EOB is incorrect**	Check Claim Status and/or Claim EOB information and file adjustment requests via one of these three processes: 1. ONLINE: **www.unitedhealthcareonline.com** *(avg. tran input 90 sec.)* ***Note:*** *Adjustment Request for Reconsideration link found in the Claim Status Detail page* 2. PHONE: 1-877-842-3210 for self-service information or to talk with a Customer Care Professional *(avg. call 4 min.)*. Please document the date/time of your call, customer care representative name, enrollee ID and Date of Service. 3. PAPER: Send "Request for Reconsideration" form to the claims address on the back of the enrollee's ID card. Please use one form for each claim *(avg mail time several days)*. • Paper is your only option if you need to submit paper documentation such as corrected claims, primary payer EOB, proof of timely filing, or clinical notes • We must scan submissions to review evidence. • For Timely Filing issues, include one of the following: ➢ UnitedHealthcare correspondence indicating we have seen the claim within the filing period. ➢ A computer-generated activity report showing the date the claim was submitted to UnitedHealthcare (EDI submission, transaction report or electronic data batch report). ➢ A denial from another insurance carrier (Explanation of Benefits or letter showing terminated coverage or other denial). ➢ Proof that the enrollee did not supply adequate information to the provider at the time of service or thereafter (e.g., ID card or address to which to mail claims), thus causing a delay in claim submission. The proof should provide some details about the attempts by the physician or other health care professional to obtain the information.	**ONLINE**: UnitedHealthcare Online Training Guide. This guide can be found online at **www.unitedhealthcareonline.com** under the Help & Reference Tools link. **PHONE:** VETSS (Voice Enabled Telephone Self Service) Quick Reference Guide. This guide can be found online at **www.unitedhealthcareonline.com** under the Help & Reference Tools link. **PAPER:** Request for Reconsideration form can be obtained online at **www.unitedhealthcareonline.com** under Help & Forms link or by contacting the PCSU. *If you do not have Internet access, you can request these reference guides by calling the PCSU.*	Call the Provider Central Service Unit (PCSU) *for dates of service after 6/23/06* **1-800- 521- 2603** • Please provide PCSU specific issues - stating what was expected according to your contract. • The PCSU will provide assistance for all escalated issues, including complex or large volume claim issues. • Allow 30 business days to receive payment for initial claims. Allow 30 business days to receive response to adjustment requests. **Do not allow claim disputes to accumulate or go unresolved**; your contract provides for a limited time period to request an adjustment. • If you are not satisfied with a PCSU resolution, request to speak with the PCSU supervisor.
3. For unpaid claims balances due to the enrollee's benefit plan (benefit limitations, non-covered services, etc.)	Bill the enrollee for balances identified as enrollee liability.		
4. If you wish to submit an appeal in writing	Write a letter of appeal or use the "Request for Reconsideration" form indicating an appeal and send to the claims address on the back of the enrollee's ID card.	See above on locating this form.	

PAC0867835

This Quick Reference is prepared for your convenience to assist you with resolving claim issues. Please be sure to follow all initial steps prior to attempting escalation. Your relationship with UnitedHealthcare is governed by your contract and the other materials incorporated by your contract, such as our administrative guide. The contract and those other materials govern, in the event of any conflict between them and this Quick Reference.

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PacifiCare Fee For Service Provider Quick Reference Guide

Issue	What to do	References	How to Escalate
1. If you believe your claim was not paid correctly. Be sure to file your dispute per your contract's time requirements. ▪ If you have not received payment for submitted claims, first validate the claim is on file. ➢ If no claim on file, resubmit. **Do not** resubmit claims that you validate are already on file, unless you are submitting a corrected claim. ▪ When submitting a claim inquiry, be prepared to provide the same information as required for submitting a clean claim. In addition, be prepared to explain what you are disputing, what should have been paid and why. ➢ For Timely Filing issues please refer to the provider manual that can be found on www.pacificare.com **2. If you have lost the EOB or believe the EOB is incorrect please contact Customer Service.** *NOTE: Please allow 30 business days to receive initial payment for claims. Allow 30 business days to receive a response to claim adjustment requests. Do not allow claim disputes to accumulate or go unresolved; your contract provides for a limited time period to request an adjustment.*	Check Claim Status and/or Claim EOB information via one of the following processes: 1. **ONLINE:** www.pacificare.com 2. **PHONE:** (see below) If you are a Chiropractor, Acupuncturist, Mental Health or Vision provider(not including Ophthalmology) please contact our contracted supplemental providers directly at the following numbers: ▪ ASHP – (Chiropractors, Acupuncturist) 800-972-4226 ▪ PacifiCare Behavioral Health (Mental Health) 800-716-1166 ▪ VSP (Vision Providers) 800-615-1883 **ALL OTHER PROVIDERS CALL** **1-866-863-9776** To obtain self-service information or to talk with a Customer Service Representative. Please document the date/time of your call, customer care representative name, enrollee ID and Date of Service 3. **PAPER:** Send "Provider Disputes" to PacifiCare Provider Dispute Resolution P.O. Box 6098 Cypress, CA 90630-6098 Paper is your only option if you need to submit paper documentation such as corrected claims, primary payer EOB, proof of timely filing, or clinical notes.	**ONLINE:** Providers must be registered and password authenticated before the ability to view claims information will be granted. The provider portal contains the following but is not limited to: ▪ Eligibility verification ▪ Year to date member deductible(s) ▪ Claims status inquiry ▪ EDI and clearinghouse information ▪ Formulary information ▪ Provider Directory ▪ Provider Manuals ▪ HIPAA policies & procedures **PHONE:** IVR (Interactive Voice Response). This service provides you 24 hour access to claim status and eligibility. **PAPER:** Provider Disputes (please refer to the provider manual for a detailed list of instructions)	Call Plan Network Operations **1-888- 291- 0404** Plan Network Operations handles the following issues but is not limited to: ▪ Contractual ▪ Demographic Changes(Address/Tax ID Numbers) ▪ Denials/Appeals ▪ EDI ▪ COC/Interested providers ➢ If you are not satisfied with resolution, request to speak with a supervisor or manager. **PAC0867836**

This Quick Reference Guide is prepared for your convenience to assist you with resolving claim issues. Please be sure to follow all initial steps prior to attempting escalation. Your relationship with PacifiCare is governed by your contract and the other materials incorporated by your contract, such as our provider manual. The contract and those other materials govern, in the event of any conflict between them and this Quick Reference.

5/15/06